

# Drug Utilization Review Board

## Meeting Minutes

Thursday, October 11, 2018  
7:15 a.m. to 8:30 a.m.  
Cannon Health Building  
Room 125

**Board Members Present:**

Ben Berrett, PharmD  
Jennifer Brinton, MD  
Eric Cannon, PharmD, FAMCP  
Aesha Drozdowski, PharmD

Kim Michelson, DDS  
Kumar Shah, MSc, Peng, Board Chair  
Katherine Smith, PharmD  
Sharon Weinstein, MD

**Department Staff Present:**

Robyn Seely, PharmD  
Bryan Larson, PharmD  
Joe Busby, RPh, MBA

Merelynn Berrett, RN  
Heather Santacruz, RN

**University of Utah Drug Regimen Review Center Staff Presenter:**

Valarie Gonzales, PharmD

**Other Individuals Present:**

Andi Stratton, Aventis  
Lori Howarth, Bayer  
Joanita Lake, UofU  
Nakyung Jeon, UofU  
Lovell Robinson, Abbvie

Michele Puyear, Gilead  
Ryan Morris, Bayer  
Lisa Jenson, Gilead  
Charissa Anne, Johnson & Johnson  
Elena Martinez, UofU

**Meeting conducted by:** Kumar Shah

- Welcome & Housekeeping:** Kumar Shah opened the meeting and reminded Board members and guests to sign the rosters.
- Review and Approval of September Minutes:** Aesha Drozdowski identified a spelling error in the "Other Individuals Present" section. Kim Michelson made a motion to approve the minutes as amended. Kumar Shah seconded the motion. All in favor; motion passed.
- Pharmacy and Therapeutics Committee Report:** Bryan Larson reported that the Committee reviewed hemophilia factor IX and combination factor VIII/Von Willebrand factors in September. In October they will review low molecular weight heparins and Factor Xa inhibitors.
- Additional Housekeeping:** Robyn Seely followed up with September's discussion of possibly moving the start time of the DUR Board meetings. It was decided that the Board meetings will continue to start at 7:15 a.m.
- Hemlibra, Prophylactic Treatment for Hemophilia A:** Valerie Gonzales presented peer-reviewed research regarding safety and efficacy, clinical trials, disease-state treatment guidelines and Utah Medicaid utilization data.
  - No public comment**

**b. Board Discussion:**

1. Robyn Seely proposed prior authorization criteria to keep use of Hemlibra on-label.
2. Jennifer Brinton said that the proposed criteria seem appropriate.
3. Aesha Drozdowski questioned the proposed length of initial approval, Sharon Weinstein agreed and suggested a 6 month initial approval.

**c. Board Action**

Change the initial prior authorization approval period to 6 months, accept all other criteria as presented.

1. Motion: Aesha Drozdowski. Second: Sharon Weinstein. All in favor, Motion passed
2. Comment: After the discussion and motions Robyn Seely noted that this is an exciting new drug that may drastically change treatment and provide great benefit for appropriate patients.

**6. Update on Hepatitis C Therapies: Dr. Terry Box**

- a.** Robyn Seely reminded the Board and attendees that the discussion is for educational purposes and policy will not be discussed. Terry Box of the University of Utah provided the Board with an update of Hepatitis C virus (HCV) treatments. He stated that treatment has become much simpler and shorter, and gave a quick overview of the evolution of treatments, from interferons to the present guidelines.

**b. Board Discussion:**

1. Aesha Drozdowski noted that many patients with are co-infected with HCV and Human Immunodeficiency Virus (HIV), and asked what regimens are appropriate for those patients. Terry Box didn't recall any specific drug-drug interactions between HCV and HIV treatments, and reiterated the short duration and great efficacy of HCV therapy.
2. Sharon Weinstein noted that the statistics Terry Box mentioned were national, and asked about Utah statistics. Terry Box said that Utah's population generally aligns with the national population. He also cited Utah's significant decline in opioid-related deaths from last year to this year.
3. Bryan Larson asked about the management of patients that fail salvage treatment. Terry Box replied that he has never encountered such patients, saying that even his liver transplant patients are being successfully treated.
4. Aesha Drozdowski asked if Terry Box's patients who start HCV treatment after liver transplant are opioid addicts who are in recovery (as opposed to active users). Terry Box said that his group does not perform transplants on active users, but that many patients newly diagnosed with HCV are people who inject drugs. The American Association for the Study of Liver Disease (AASLD) and Infectious Disease Society of America (IDSA) recommend treating people in recovery, and in some cases active users of injected opioids.
5. Early treatment of patients ("early patients") increases success. Sharon Weinstein noted that this is a part of overall harm-reduction strategy. Jennifer Brinton observed that the AASLD and IDSA recommend treating "early patients." Bryan Larson noted that Utah Medicaid prior authorization criteria for HCV treatment no longer includes a fibrosis score, effectively eliminating barriers to "early patients."

6. Terry Box cited fibrosis score and requirement of sobriety as barriers to treatment. Utah Medicaid requires neither.
7. Terry Box discussed the difference between elimination (treatment of effected patients) and eradication (prevention, i.e. vaccines) of any given disease.
8. Aesha Drozdowski noted that un-insured and under-insured patients struggle to pay for treatment; Sharon Weinstein voiced the hope that upcoming generic preparations will ease that burden.
9. Sharon Weinstein would like to see Utah-specific statistics on new and current HCV patients, and Utah's drug use population.

**7. Update on Sublocade: Dr. Elizabeth Howell & Dr. Paula Cook**

- a. Craig Hummel introduced the topic, mentioning that the research done by Utah Medicaid's Pharmacy team hasn't provided compelling reasons to use Sublocade (buprenorphine extended-release injection for subcutaneous use) over other available treatments for the management of opioid withdrawal. The discussion is for educational purposes and policy will not be discussed. Elizabeth Howell of the University of Utah provided the Board with an update of treatments for substance abuse disorder.
- b. **Board Discussion:**
  1. Joe Busby noted that Sublocade is usually initiated in the inpatient setting and asked if Utah Medicaid would see legitimate claims for outpatient use. Elizabeth Howell said that outpatient use can be appropriate in some cases.
  2. Aesha Drozdowski asked about Vivitrol (naltrexone extended-release injectable suspension). Elizabeth Howell noted that Vivitrol is for prevention of opioid relapse, while Sublocade is indicated for management of opioid withdrawal.
  3. Elizabeth Howell cited several studies regarding Sublocade safety and efficacy.
  4. Elizabeth Howell does not administer Sublocade and had invited Paula Cook to accompany her to discuss administration and injection site reactions.
  5. Aesha Drozdowski stated that her clinic sometimes has difficulty choosing between Sublocade and Vivitrol for their patients. Elizabeth Howell discussed scenarios in which each drug would be preferred.
  6. Elizabeth Howell expressed excitement about Sublocade and its ease of dosing.
  7. Paula Cook noted the difficulty of the 7 day opioid-free lead-in to Vivitrol injection, because patients often cannot achieve it on their own, and some insurers do not reimburse for inpatient treatment.
  8. Paula Cook outlined some comfort regimens with other drugs (i.e. clonazepam) to help patients throughout treatment.
  9. Joe Busby asked if injection site reactions or pain prevents patients from returning for Sublocade and/or Vivitrol treatment. Paula Cook reported that patients do come back for treatment, even though the injections are uncomfortable.
  10. Sharon Weinstein asked if patient selection for various treatments is becoming easier with experience, noting that appropriate duration of therapy may be unclear for any given drug. Elizabeth Howell said that for most patients, treatment will be indefinite. Sharon Weinstein mentioned the importance of

non-pharmaceutical therapies and the dangers of too-rapid titration off of opioids. Sharon Weinstein and Elizabeth Howell lamented the lack of selection criteria for which treatment is best for which patient.

8. **Adjournment:** Aesha Drozdowski made a motion to adjourn. Jennifer Brinton seconded the motion. All in favor; meeting adjourned.